



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hollingsworth	Kathy		530-582-4397
MAILING ADDRESS (Street)			FAX
P.O. Box 3238			530-582-4697
(City)	(State)	(Zip Code)	
Truckee	California	96160	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Takeda Pharmaceuticals America		847-383-3378
MAILING ADDRESS (Street)		FAX
475 Half Day Road		
(City)	(State)	(Zip Code)
Lincolnshire	Illinois	60069
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Elizabeth Z. Bartz, President		330-761-9960
MAILING ADDRESS (Street)		FAX
State and Federal Communications, Inc. 80 South Summit Street, Suite 100		330-761-9965
(City)	(State)	(Zip Code)
Akron	Ohio	44308

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) Pharmaceuticals
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Kathy Hollingsworth:

(Signature of Lobbyist)

12-10-04
(Date)

PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Suzanne McDonald		Director, Government Affairs	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Takeda Pharmaceuticals America		847-383-3378	
MAILING ADDRESS (Street)		FAX	
475 Half Day Road			
(City)	(State)	(Zip Code)	
Lincolnshire	Illinois	60069	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
Suzanne McDonald:		12/12/04	
(Signature of Authorizing Officer or Person Represented)		(Date)	